



**City of Green Bay**  
**100 N. Jefferson, Room 608**  
**Green Bay, WI 54301**

Date Received  
Office Use Only

\_\_\_\_\_

**Contact person:**  
**Ken Rovinski**  
**Real Estate Specialist**  
**(920) 448-3354**

---

**CONVERSION PROGRAM**  
**APPLICATION FORM**

Name of owner(s): 1) \_\_\_\_\_

2) \_\_\_\_\_

Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address of project: \_\_\_\_\_

How long have you owned the unit? \_\_\_\_\_

Is this property located in the City of Green Bay? \_\_\_\_\_ Yes \_\_\_\_\_ No

# of units before conversion & rehab \_\_\_\_\_ # of units after conversion & rehab \_\_\_\_\_

Is this or will this unit be owner-occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No

Assessed and/or appraised value  
of property: Assessed \$ \_\_\_\_\_ Appraised \$ \_\_\_\_\_

Have you received a housing citation within  
the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," when \_\_\_\_\_

Are there delinquent taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there special assessments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was this property originally built as a single-family home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list conversion and rehabilitation activities you would like to perform.

---

---

---

---

Estimated cost of project:     \$ \_\_\_\_\_

Will you be able to provide 75% of total project costs?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

I certify that the above information is true and correct to the best of my knowledge. Any false information provided will result in rejection of this application.

I further certify that I have received a copy of the "Conversion Program Guidelines" and understand and accept these "Guidelines" as the basis for review of this application.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Office Use Only			
Owner-Occupied	_____		
Investment	_____		
Amount held for project	\$ _____	grant	
	\$ _____	loan	